

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		2				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		2				
25		1				
26		1				
27	1					
28	1					
29	1					
30		1				
31		1				
32		1				
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49						
50						
TOTAL IND.	9					
TOTAL DEP.	30					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
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TOTAL DEP.						
TOTAL CLAIMS						